

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714576

**Entity Name:** WELLINGTON TOWERS, INC.

**Current Principal Place of Business:**

1701 SOUTH OCEAN DR  
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1701 SO. OCEAN DR.  
HOLLYWOOD, FL 33019-2407 US

**FEI Number: 23-7024716**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BOTTA, JOSEPH  
1701 S OCEAN DR #703  
HOLLYWOOD, FL 33019 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BOTTA, JOSEPH  
Address        1701 S OCEAN DRIVE APT 703  
City-State-Zip: HOLLYWOOD FL 33019

Title            VP  
Name            DENIER, PAT  
Address        1701 SOUTH OCEAN DR APT 903  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            BERKSZA, MICHELENA  
Address        1701 SOUTH OCEAN DRIVE APT 501  
City-State-Zip: HOLLYWOOD FL 33019

Title            SECRETARY  
Name            KRINSKY, BILL  
Address        1701 S OCEAN DRIVE # 306  
City-State-Zip: HOLLYWOOD FL 33019

Title            VP  
Name            DOCSA, DAVE  
Address        4030 LAKE FOREST LANE  
City-State-Zip: KALAMAZZU MI 49008

Title            TREASURER  
Name            ARCHILA, FELICIDAD  
Address        1701 S. OCEAN DRIVE  
                  503  
City-State-Zip: HOLLYWOOD FL 33019

Title            DIRECTOR  
Name            BOHAMED, NORMAN  
Address        1701 S. OCEAN DRIVE  
                  704  
City-State-Zip: HOLLYWOOD FL 33019

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: FELICIDAD ARCHILA**

**TREASURER**

**04/28/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date